

**CIM Institutional Loan  
 Request for In-School  
 Deferment of Repayment**

**INSTRUCTIONS**

- PART I To be completed by student borrower
- PART II To be completed by the Registrar at the institution of higher education and mailed to **Campus Partners, P.O. Box 1810, Winston-Salem, NC 27102-1810**
- PART III Campus Partners use only

**PART I — STUDENT**

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

U.S. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I am attending \_\_\_\_\_ (name of school), an eligible institution of higher education.

School address \_\_\_\_\_

Dates of enrollment (MM/DD/YYYY) \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

I claim exemption from payment of principal and accrual of interest on my CIM Loan during the period indicated above.

\_\_\_\_\_  
 Student Signature Date

**PART II — REGISTRAR Certification of Status**

I certify that the above named student is enrolled at least as a half time student at this institution.

\_\_\_\_\_  
 Printed Name Signature

\_\_\_\_\_  
 Title Telephone number Date

\_\_\_\_\_  
 Email Address

Official School  
 seal or stamp

**PART III — Campus Partners ONLY**

Form processed by \_\_\_\_\_ Date \_\_\_\_\_

Deferred from \_\_\_\_\_ to \_\_\_\_\_

Comments \_\_\_\_\_